**Anderson School**

**Parent/Guardian Consent for Individual and Group School Counseling Services**

This is to inform you that your student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been referred to the school counselor by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for concerns related to:

Academic \_\_\_\_\_ Behavior \_\_\_\_\_\_ Social \_\_\_\_\_\_ Personal \_\_\_\_\_\_

School Counselor will conduct counseling services via:

\_\_\_Individual counseling \_\_\_Small group counseling sessions

Topics to be covered during the counseling sessions may include one or more of the following:

\_\_\_Emotional Concerns \_\_\_Academic Performance

\_\_\_Behavioral Concerns \_\_\_Interpersonal Relationships

\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling sessions are generally 20 -30 minutes. All counseling sessions will take place in the school building in an atmosphere that supports the confidential nature of the sessions.

**Confidentiality:**

It is the ethical and legal responsibility of the counselor to safeguard students from unauthorized disclosures of information given in the context of counseling sessions. Therefore, information revealed between the counselor and student during the counseling session is confidential. It is the counselor’s hope that the parent, teacher, and/or administrator be involved in the helping process while maintaining counselor-student confidentiality. The limitations to confidentiality include:

1. When student poses danger to self, others, or the property of others.
2. When counselor suspects abuse or neglect.
3. Upon authorization of parent/student.
4. Under court order.

In some circumstances school counselors may be required to breach confidentiality as a matter of school policy. These limitations will be discussed with students during initial counseling sessions. Also, in group counseling sessions, the importance of confidentiality is stressed but cannot be guaranteed between group members.

**Consent:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the contents of this informed consent.

(please print name)

I give my child permission to participate in the proposed counseling activities.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_